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PTO/SB/01 (10-01)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	02-0201-JOHN
		First Named Inventor	Johnson, Thomas D.
		COMPLETE IF KNOWN	
		Application Number	
Declaration Submitted with Initial Filling Declaration Submitted after Initial Filling (surcharge (37 CFR 1.16 (e)) required)	Filing Date		
	OR Submitted after initial	Art Unit	
		Examiner Name	

As the below named inventor, I hereb My residence, mailing address, and citi	•	low next to my name.				
I believe I am the original and first inven	I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention emitted:					
Controlling Plant Pathoge	ns with Fungal/B	Bacterial Antagonist	Combination	ns		
	(Title of the	Invention)				
the specification of which						
is attached hereto						
OR F		· · · · · · · · · · · · · · · · · · ·				
was filed on (MM/DD/YYYY)						
Application Number	and was amen	ded on (MM/DD/YYYY)	·	(if applicable).		
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.						
I acknowledge the duty to disclose information, material information which international filing date of the continuation	became available betwe	to patentability as defined in en the filing date of the prior	37 CFR 1.56, inclu application and the	uding for continuation-in-part e national or PCT		
International many date of the continuant. I hereby claim foreign priority benefits to breeder's rights certificate(s), or 365(a). States of America, listed below and has breeder's rights certificate(s), or any Problems	nder 35 U.S.C. 119(a)-(c of any PCT internation	al application which designate by checking the how any fo	reign application	for parent, inventor's or plant		
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO		
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:						

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application Customer Number 26357 Direct all correspondence to: OR V Correspondence address below or Bar Code Label Address City 71P Telephone PRI I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor Johnson Thomas D. Family Nor (first and middle [If any]) or Sumame 02/01/2002 inventor's Signature USA USA SD Buffalo Residence: City P.O. Box 21 Mailing Address 57720 SD USA Buffalo A petition has been filed for this unsigned inventor NAME OF SECOND INVENTOR: Family Name (first and middle [if any]) or Sumame Inventor's Signature Date Chizenship Residence: City Mailing Address upplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto. Additional inventors are being named on the

[Page 2 of 2]

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Johnson, Thomas D.
Title	Contrology Part Pathoparts with Fungati Backetal Athogonial Combinationa
Group Aft Unit	
Examiner Name	
Attorney Docket Number	02-0201-JOHN

I hereby appoint: X Practitioners at (OR X Practitioner(s) na	Customer Number 26357	□	Place Customer Number Bar Code Label here		
	Name Registration Number				
Robert M.	Robert M. Hunter				
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Telephone	808-885-4194 Fax 808-885-4114				
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name Thon	Thomas D. Johnson				
Signature	Signature Thomas D. Clohon				
Date 02/01/2002					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below."					
Total of 1 forms are submitted.					